

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics



## FORM-GB

Gift or Bequest Information received  
 by a department or accepted by the  
 Governor on behalf of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

|  |                       |
|--|-----------------------|
| DHS - Cherokee Mental Health Institute               |                       |
| Name of Department or Office<br>1251 West Cedar Loop | Cherokee, Iowa 51012  |
| Mailing Address<br>712 225 2594                      | City, State, Zip Code |
| Area Code & Telephone No.                            |                       |

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|  |  |
|--|--|
| Katelyn Matheny  |  |
| Name   |  |
| Mailing Address (if different from above)<br>kmathen@dhs.state.ia.us | City, State, Zip (if different from above)             |
| Email Address  | Area Code & Telephone Number (if different from above) |

## DONOR OF GIFT OR BEQUEST:

|                              |                       |
|------------------------------|-----------------------|
| Anonymous                    |                       |
| Name                         |                       |
| Mailing Address              | City, State, Zip Code |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| March 25, 2019   | \$4.00        |
| Date of Gift or Bequest  | Amount/Value* |
| *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |               |

Provide a description of the gift or bequest and purpose thereof:


Previously used DVD's.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Katelyn Matheny affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
 Signature

3/25/19  
 Date

